Effective on 12/08/2004.					G					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL				1	Application Number 10/813,84					
For FY 2009				Filing		3/31/2004 Sridhar Varadarajan				
TOI F1 2007					THE A					
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Thomas I			ield		
TOTAL AMOUNT OF DAVMENT (\$\1200.00					Art Unit 3624					
TOTAL AMOUNT OF PAYMENT (\$) 1300,00					ney Docket	4544 - 04	13813			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES										
Small Entity Small										
Application Type				Fee (\$)	Fee (\$)	Fee (\$) Fees Pa			aid (\$)	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325			-	
Provisional	220	110	0	0	0	0		•		
2. EXCESS CLAIM FEES									Small Entity	
Fee Description Fee (\$)								Fee (\$)		
Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent cla		E4 OI-	17.	- (fb)	E D. 11/0)		3.4	390	195	
Total Claims - 2	20 or HP	<u>Extra Cla</u>	ı <u>ms</u> <u>re</u> x	<u>e (\$)</u> =	Fee Paid (\$)		<u>IV</u>	Fee (\$)	ependent Claims Fee Paid (\$)	
HP = highest number of	total claims pai	d for, if greater t						FCC (9)	ree i aid (g)	
Indep. Claims - 3	3 or HP	Extra Cla	ims Fo	ee (\$)	Fee Paid (\$)		_	•	· ·	
-		=	x	=						
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.										
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
									Fee Paid (\$)	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): RCE 810.00/ 2 month extension of time 490.00									1300.00	
SUBMITTED BY Registration No.										
Signature	Signature (Attorney/Agent) 22,132 Telephone								12-471-8815	
Name (Print/Type) William H. Logsdon							Date April 13, 2010			